



ARIZONA BOARD OF ATHLETIC TRAINING

5060 North 19th Avenue, Suite 209

Phoenix, Arizona 85015

(602) 589-6337

FAX: (602) 589-8354

www.athletictrainingboard.az.gov

VERIFICATION OF LICENSURE STATUS

INSTRUCTIONS FOR USE: Fill out the applicant portion of this form and send a copy to each State in which you are or have been licensed. Licensing agency or board – please return the completed form directly to the address listed above.

TO BE COMPLETED BY APPLICANT

| | | | |
|------------------|--|------------------------|---------------------|
| Name: | | Social Security Number | |
| License Number | | Date Granted | |
| Other names used | | Maiden | Also Known As – AKA |
| Home address | | Number/Street | City State Zip code |

Signature _____ Date _____

TO BE COMPLETED BY LICENSING BOARD OR AGENCY.

| | | | |
|---------------------------|--|--------------------|--|
| Licensee's License Number | | Licensed as: | |
| Date issued | | Date of Expiration | |

| | | | |
|----------------------------|---------------|-------------|-------|
| License issued on bases of | Certification | Endorsement | Other |
|----------------------------|---------------|-------------|-------|

| | | |
|---|-----|----|
| Has disciplinary action been taken? | YES | NO |
| Is there any disciplinary action pending? | YES | NO |

| |
|--------------------------------|
| Reason for disciplinary action |
|--------------------------------|

Completed by _____ Signature _____

Title _____ Agency _____

Telephone Number _____ Dated _____